

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number:	10/599,588
Filing Date:	October 2, 2006
First Named Inventor:	Karl Gunnar BJURSELL
Art Unit:	1641
Examiner Name:	Unknown
Attorney Docket Number:	EPCL:013US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

OR

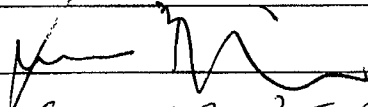
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name	GUNNAR BJURSELL		
Title and Company	PROF. GOTTENBURG UNIV.	Telephone	+46706993745
Date	20080819		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Signature

Name

Title and Company

Telephone

Date

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SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Sara Ellmark

Name

Sara Ellmark

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Telephone

+46-31-412032

Date

18 Sep 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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